

PRESCRIBING an **END** to the **OPIOID** **EPIDEMIC**

A Public Deliberation Event
Penn State CAS 138



The Opioid Crisis

THE PRESCRIPTION/USAGE OF DRUGS, SPECIFICALLY OPIOIDS, has been a continuous issue for decades, but with the overwhelming increase in usage, prescriptions and overdose rates reaching an all time high, there is a call to action in order to keep these numbers from growing. Another component in this issue rises from people not knowing the extent of the issue. *“A study published in the American Journal of Preventive Medicine reports that the number of drug overdoses between 2008-2014 involving opioids was likely underestimated by 24% and heroin overdoses were likely underestimated by 22%.”* There is also neglect on the fact that this problem is not affecting adults as much as it is affecting minors and young adults.

WHO DOES THIS EFFECT?

One of the most eye opening statistics is that this growing epidemic is affecting younger people than it has in previous years, with a majority of users being young adults between the ages of **18 and 25**, and second to that is age group **12-17**. The epidemic does not only affect the actual abusers but also affects those around such abusers including friends and loved ones. When people are overdosing at rates higher than the death rate in car accidents, every one is affected.

HOW ARE PEOPLE OBTAINING DRUGS?

Perhaps the most alarming aspect of the opioid crisis is ease of access. Opioids are not illicit substances obtained by shady drug dealers—they are being prescribed legally to Americans daily for treatment of pain. As American public health officials recognized pain as a chronic disorder that required treatment, pharmaceutical companies saw a unique opportunity. In the 1990s, pharmaceutical companies began pushing doctors to **prescribe opioids**, assuring them with misleading marketing that they were safer and more effective than alternatives. Thus, people were prescribed opioids at an alarming rate and for longer



periods than necessary. Acute pain patients were given weeks of opioids when only days were necessary. Even still, a patient might get weeks worth of opioids for a simple wisdom tooth removal.

WHY THE USE AND ABUSE?

Because of the highly addictive nature of these drugs, patients who are prescribed them for long periods of time often become dependent or addicted. Roughly between **21% to 29%** of opioid users misuse these drugs, and between **8% and 12%** will develop an opioid abuse disorder. Eventually, changes in the base of the brain from the usage of opioid drugs result in addiction to opioid drugs. Thus, many opioid users will turn to illicit drugs like fentanyl or heroin to fulfill their cravings.

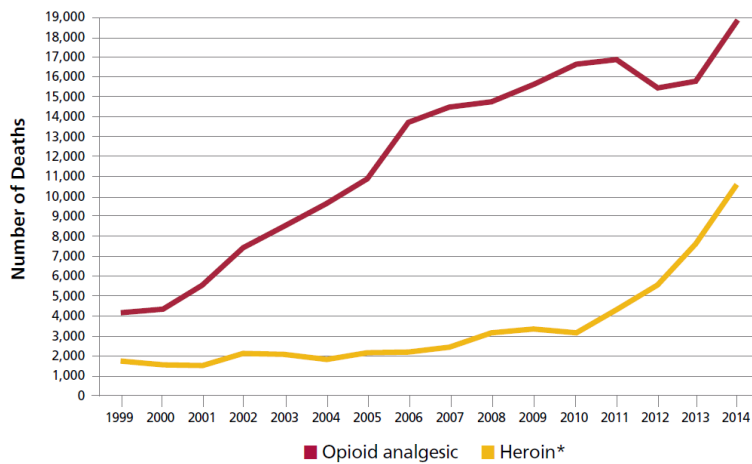
HOW DOES THIS ABUSE AFFECT USERS?

Opioids, when used as therapy for managing “chronic non-malignant pain,” are, in some cases, effective and necessary. However, the opioid treatment is not sufficiently evidence-based. Due to the lack of clinical



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U.S. Deaths from Opioids & Heroin: 1999-2014



*Heroin includes opium.
 1999-2013 Statistics: CDC/NCHS NVSS Multiple Cause of Death Files.
 2014 Statistics: American Society of Addiction Medicine (ASAM). Opioid Addiction: 2016 Facts & Figures.

and necessity for opioid treatment, abusers awareness of the effects and symptoms of abuse are necessary, but not necessarily known. Short term effects of opioid abuse include drowsiness, nausea, **unconsciousness and even comas**. The continued abuse and even the prescribed use for these drugs results in physical dependence and addiction. Abusers of these drugs seek a euphoric high from taking too much of the drug or snorting and smoking the crushed pills.

WHAT DO WE DO NOW?

The opioid epidemic is one that affects minors to elders, both from rural and urban areas alike. With the widespread effect of this epidemic, a call to action is necessary in order to find a way that we can begin to alleviate the detrimental effects of opioid abuse on users, families and communities. As such, this deliberation will focus on the question: how do we reduce the reliance and abuse of opioid drugs on users, across the board?

We offer 3 Potential Approaches for your Discussion

Targeting Teens & Education

This approach focuses mainly on education teens about the substances. It focuses less on dealing with current abusers and more on preventing future ones.

Pharmaceuticals & Healthcare

Doctors are also largely unaware of how harmful their prescriptions are. This approach focuses on change to the medical field itself in preventing new addicts.

The European Approach

The United States isn't the first to go through a drug abuse epidemic. This approach focuses on rehabilitation rather than punishment that was pioneered across the pond.



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Targeting Teens



IMAGINE WHAT YOU ALREADY KNOW ABOUT THE OPIOID EPIDEMIC. For most, when they think of those who misuse prescription drugs, teens don't come into mind. This however, is false as studies show that more and more children every year begin to abuse prescription drugs. According to a podcast produced by Boston's NPR News Station, teens who begin using substances later in life are "less likely to develop addiction than those who start earlier." This is a large factor to why this issue is becoming a child specific epidemic rather than an adult-centric one.

WHAT ARE THE NUMBERS?

As of recently, the statistics behind child drug use have skyrocketed. According to Do Something, "more teens die from prescription drugs than heroin/cocaine combined." The University of Michigan, in a Monitoring the



Future Study conducted in 2015, produced a graph that shows us how big of a problem this really is. A large percentage of the drugs used by teens are pharmaceuticals, not only illicit drugs as most people think. If you look at the graph, Vicodin and OxyContin are one of the leading pharmaceuticals listed. They are both different types of opioid medications and seeing them active at such high percentages should be alarming.

around 20% between 2014 and 2015. As proven in the Teen Drug Overdose Death Rates graph, prior to 2014 these deaths were seemingly prevented. Unfortunately, this didn't last long. Looking further into the statistics of teen drug overdose, the same report found that 4 out of every 5 of these cases were accidental. Keeping this in mind, we can draw the conclusion that the teens suffering from drug overdose are not properly informed of the drug they are using.

IS THIS EVEN WORTH MENTIONING?

Not only are teens misusing these drugs, but for some, the addiction leads to death. While most wouldn't consider teen deaths to dramatically increased due to pharmaceutical drugs, according to a report by the Center for Disease Control and

EDUCATION: THE KEY TO PREVENTION

There are many different ways of tackling this youth specific epidemic. We propose a two step combination of increased education as well as more regulation of prescribed opioids. In terms of increasing education, the current D.A.R.E. Program implemented in schools has been proven to show "no real impact on the rate of drug use" (CNN, "The new 'Just say no to drugs'"). This shows us that the



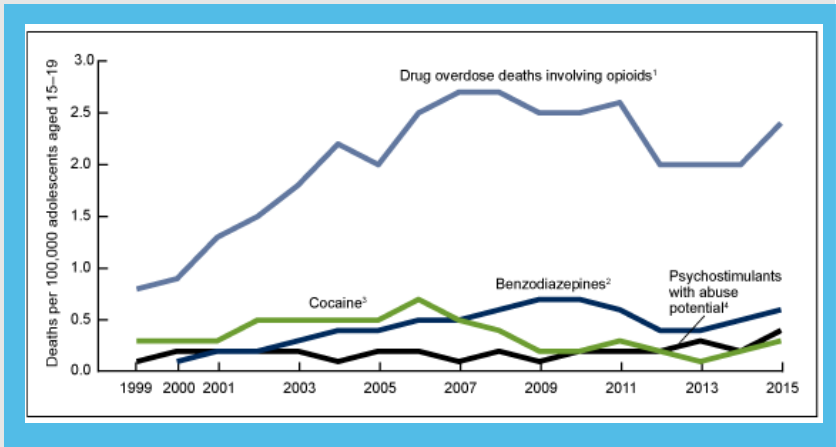
Prevention, deaths caused by drug overdose among 15-to-19 year olds have increased by



education currently being received is not adequate enough. Children need to be properly educated on this topic because “their brains are still not fully developed to assess risk when they are presented with opportunities to try and use drugs.” However, teens are also able to breakdown statistics given to them in order to determine the real facts. The whole reason to why increased education is important is because it allows for teens to make the knowledgeable decision whenever faced in a situation where they are offered opioids.

THE CORRECT PRESCRIPTIONS

As for ensuring that adolescents receive the correct prescription, we have to recognize that adult and teen body systems behave differently. In an article produced by The Atlantic, titled “In Search of a Safe Painkiller for Kids”, doctors have noted the side effects of opioids contain “persistent fatigue, impaired memory, and problems with concentration” making them more reluctant to prescribe to children. While the majority of adults need these prescribed medications for long term use, the side effects do not seem worth it for children who



more often than not, only need it for a short period of time. In this same article, associate director of Psychological Services in the Pain Treatment Service, Rachael Coakley, found new techniques for adolescents including non-opioid medication, and therapy practices to be more successful. Some of these therapy practices include relaxation and breathing techniques. Coakley has also written a book, titled *When Your Child Hurts*, which emphasizes that a child in chronic pain requires more skills to deal with treatment than reliance on a drug. Again, she further emphasizes the benefits from finding non-opioid treatments.

Actions

- ✓ Problem targeted from source, leading to less adult addiction
- ✓ Children are better informed to make decisions
- ✓ Aims at the cause, not the symptoms

Drawbacks

- ✗ Increased budget spending from education
- ✗ Children will have to be taught about drugs early on
- ✗ Does not tackle adults who are currently addicted



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The Pharmaceuticals



RATHER THAN STARTING WITH ADOLESCENTS, another approach is to prevent doctors and big pharmaceutical companies from overprescribing to the masses.

WHAT'S THE PROBLEM?

Jay Lee, a general surgery resident and research fellow at the University of Michigan, says, "the way we've been prescribing opioids until this point is we've basically been taking a guess at how much patients would need" (Luthra). Should something with such a high dependence on addiction really be left up to a guess? If opioid prescriptions are largely guesses, prescriptions can certainly, through research, be refined to be just enough to ease the patient's pain, no

more. The University of Michigan recently performed a study where they gave patients an average of 75 milligrams less of opioid painkillers after surgery, and they found that patients did not feel any greater amount of pain. This is evidence that physicians are giving more opioids than they need to. A study by the Cochrane Collaboration found that there was no significant benefit of opioids versus over-the-counter medicine like Aleve (Ramin). And yet, doctors still prescribe opioids in mass quantities.

OVERPRESCRIPTION

According to a recent study conducted by *Jama Surgery*, the effects of over-prescribing opioids were simply staggering. Across six different studies involving 810 individual patients that were prescribed painkillers, up to 71% of opioids that doctors prescribed went unused, and almost a third of patients reported adverse effects that could be traced back to opioids prescribed (*Jama Health/ Harvard Health*). Not only are doctors heavily over-prescribing, but these opioids are causing real harm.

Interests at Stake

- Addressing pain
- Reducing drug-related deaths
- Reducing opioids in illegal drug market
- Reducing addicted individuals
- Cooperating with parties
- Spending less on opioids

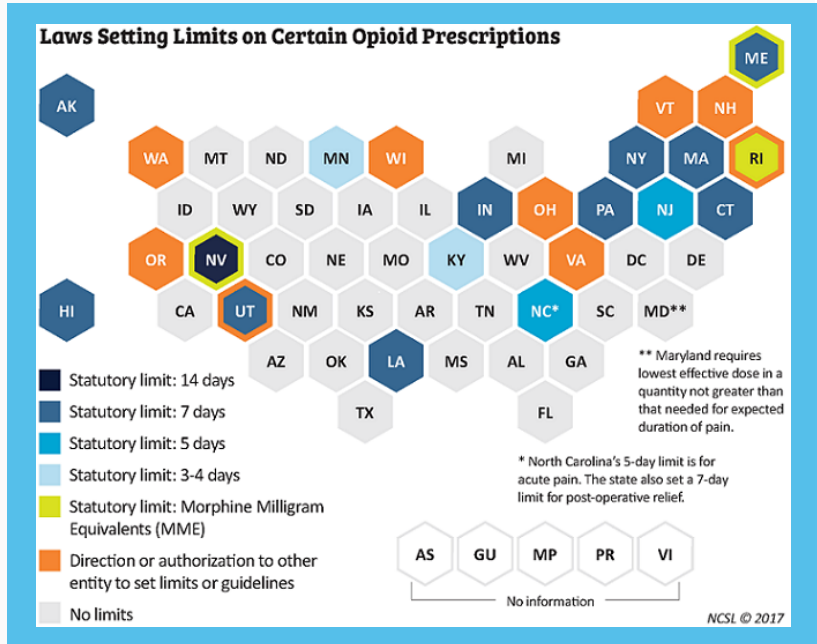
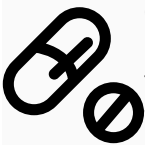
Reducing opioid prescriptions can save money. According to an analysis of over 400 hospitals, by reducing opioids used, the average 250-bed hospital can decrease charges by over \$1 million dollars per year due to complication reduction and a resultant reduced patient stay.

WHAT ABOUT "BIG PHARMA?"

The problem may be even closer to the source than just the doctors; it may extend all the way to the pharmaceutical companies. Many cities have sued big



companies for taking advantage of people through their opioid sales. After the release of OxyContin, a big pharma company launched conferences on pain management, offered physicians \$3,000 for getting other physicians to buy in, and relabeled ordinary pain as something that needed to be cured. Prior, it had been understood that opioids were highly addictive and that giving prescriptions to patients who did not have terminal cancer was illegal. Perhaps legal action to keep large pharmaceutical companies in check would help reduce opioid prescriptions. However, these huge companies will be difficult to fight. With their massive profits, they will not back down easily.



ARE THERE ANY DRAWBACKS?

While this approach does not directly address the people who are already addicted to opioids, reducing prescriptions should decrease the excess drugs that make their way into the illegal market. But one downside of this method is still that it will be less effective against current addicts.

One problem with further restrictions on prescriptions is that these reductions may make it harder for doctors to ease a patient's pain, especially because pain can vary from patient to patient.

LEGISLATION

Currently there are many differences in state legislation across the United States, but most have to deal with a limit on the number of days you can be prescribed for these drugs. For example, Nevada has a limit of 14 days, New York, Pennsylvania, and Massachusetts have a limit of 7 days, and others have entities outline the limits of opioid prescription. However, an eye-opening 28 states have no limits set on the prescription of these sorts of drugs.

There are a few states— such as Utah and Maryland— that in addition to the seven day limit on opioid prescriptions, it is the law for providers to prescribe the lowest effective dose of an opioid for the expected duration of pain.

Actions

- ✓ Reduces new addicts
- ✓ Reduces supply to non-patients
- ✓ Saves money

Drawbacks

- ✗ May be harder to reduce pain
- ✗ Fighting big pharmaceutical companies will be difficult
- ✗ Hard to draw a line as it depends on each person



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The European Approach



THE “EUROPEAN APPROACH” RELIES LESS ON CONVICTING AND PUNISHING DRUG CRIMES. It instead focus on the care and rehabilitation of addicts and abusers. Acting through the government by way of legislation and funding, as well as other non-governmental organizations to provide rehabilitation services, this approach will constitute a new, progressive and humanitarian way of dealing with drug crimes.

WHAT’S THE PLAN?

The main theme behind this approach is the reallocation of funds originally intended for the various prison and judicial systems, as well as police and bureaucratic departments, away from these destinations and instead toward progressive rehabilitation initiatives. Many countries throughout the



world have implemented policies similar in scope to the one suggested here. Specifically, the drug policy of Switzerland is geared towards this approach with the government adaptation to the “harm reduction” strategy to protect users.

SWITZERLAND

Switzerland has set up syringe exchange programs and safe injection rooms for opioid use under medical supervision to prevent the spread of disease and death. The government implements the funding for locking up offenders for these safe havens for drug abusers and the percentage of drug abusers has declined. This has led to significant decline in death and disease from opioid use and injection, simply by changing the mindset of punishment to maintaining

the uncontrollable drug scene.

PORTUGAL

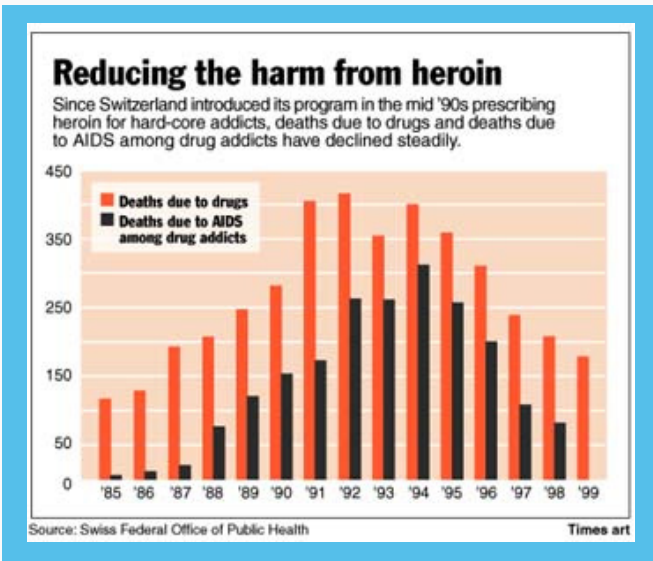
Another example is the decriminalization of drugs in Portugal. In 2001, Portugal decriminalized all drugs and they have experienced a significant decrease in HIV infection, drug-related crime, and overdose. In the 1980s, 1 in every 100 Portuguese was a heroin addict and the national government made the radical decision to decriminalize drugs in attempt to get rid of this problem and it has brought out incredible results. Similar to Switzerland, there was no arrest for holding a personal supply of illicit substances, however a person could be given a warning, a small fine, or told to be present in front of a local commission of a doctor, lawyer, and social worker



to discuss treatments, reduce harmfulness, and the helpful resources available to them. This tactic is not as rehabilitation focused, but it does support the idea against punishment and incarceration.

THE DETAILS

In terms of punishment for drug crimes, all drugs are essentially decriminalized. In lieu of punishing drug crimes, the government, through various NGOs, will provide a variety of rehabilitation services such as traditional clinics, self-help programs, and drug outreach programs. These would provide clean needles and sanitary equipment to addicts living in squalor. Programs in Switzerland provide needles, drugs, a shower, a bed, and other hygienic needs all under medical supervision to ensure the safety and health of addicts. In this environment, people can decide to abuse drugs, but equally, they can also decide to be safe with their habits, or simply come clean. There is a vicious cycle of drug abuse, where abusers are sent to prison, sent to rehab, and get caught back into drugs because that is either their environment or means of living. To speak to the success of this approach, “[s]ome 70 percent of the 20,000-30,000 opiate or cocaine users in Switzerland now receive treatment, one of the highest rates globally”. This system effectively eliminates drug abuse with the personal decision to become clean, resulting in a break at a key point in that cycle. Because this method makes treatment so much more available, drug related deaths have decreased.



THE OTHER SIDE

Of course, an approach like this is not without drawbacks. Obviously, it would be easy to frame this approach as one that doesn't actually do anything to solve the issue of drug abuse. If anything, perhaps it would only exacerbate the problem by lifting the currently-in-place legal controls on drug abuse. Additionally, a paradigm shift such as this in the stance of the government toward drug abuse could potentially be clunky and immensely costly. These types of negative effects have not occurred in Switzerland or Portugal, but Europe and the United States are very different worlds in many respects ranging from prior infrastructure to political leanings of the populace.



Actions

- ✓ Humanitarian approach
- ✓ Proven to reduce harm/diseas
- ✓ Different from anything before it

Drawbacks

- ✗ Doesn't solve the "problem" and instead solves effects
- ✗ Could be potentially costly
- ✗ Could be complicated given cultural differences between Europe



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